

Policy Option: Expansion of the Enhanced Care Management Program (ECM)

Description: Build on the Sedgwick County Enhanced Care Management Program pilot by expanding to one additional region of the state during FY 2009 and re-assess for possible statewide implementation.

Description: Enhanced Care Management (ECM) is a pilot project to identify and provide enhanced administrative services to HealthConnect Kansas (HCK) members in Sedgwick County who have probable or predictable high future health care costs usually as a result of multiple chronic health conditions. The project is based on an Enhanced Primary Care Case Management (E-PCCM) Model which is member centered, provider driven, and based on a successful model in North Carolina. The design of the ECM is unique in its approach to connecting providers and beneficiaries through community resources. The design is also closely aligned with chronic disease management models. Service delivery is community based and culturally appropriate with the goal of connecting beneficiaries to social and health care already available in the community.

Eligible Medicaid beneficiaries are invited to receive services; participation is strictly voluntary. Because this population is socially isolated, ECM staff establishes relationships with members in their homes, using creative outreach techniques. Care managers assist members to focus on chronic health conditions, social risk factors and unhealthy lifestyle behaviors that adversely affect their health status. Intervention by ECM staff involves a holistic approach, which focuses on assisting clients in accessing resources in the community, which will improve their health conditions.

The care management team consisting of a nurse and a social resource care manager as well as a physician (medical director) have responsibilities that include: assessing members' health and social needs; reviewing utilization trends; reconnecting members with their PCCM through scheduling and attending regular visits and if needed or requested the ECM staff accompany members to their medical appointments; ensuring members fill and take necessary prescriptions; developing comprehensive individualized care plans, which include member and provider-directed health care goals; with outlined steps for goal achievement; providing patient education in the home, teaching members how to manage their health conditions on a daily basis; assisting members to access community resources including safe and affordable housing, food, utility assistance, clothing, mental health and substance abuse services, credit counseling and others. The ECM program may also purchase health monitoring equipment including digital blood pressure monitors, weight scales and pedometers if prescribed by the PCCM.

The ECM pilot project began service delivery in March 2006. Kansas Health Policy Authority (KHPA) contracted with a non-profit community health organization to administer the program. Original estimates of program costs and enrollment were not realized early in the implementation due to low enrollment of beneficiaries. This resulted in a renegotiation of the contract, resulting in reduced overall program costs. Although the pilot project has been operational for a year, data from the program are being evaluated and the final evaluation report (looking at both qualitative and quantitative data) will be available in October 2007. After review of the evaluation, the KHPA will assess for possible statewide implementation incorporating lessons learned from the pilot.

Population Served: The focus population is Medicaid recipients with chronic health conditions and probable future high risk for expenditures of medical resources. This population is typically comprised of Social Security Income (SSI) recipients and excludes persons who are dually eligible for both Medicaid and Medicare, participating in a Home and Community Based Service (HCBS) waiver, reside in a Long Term Care (LTC) facility or are a participant in one of the two capitated managed care organizations.

Cost Estimate: The cost for phased expansion of the program during fiscal year 2009 would include the cost to fund an additional year of the Sedgwick County Pilot Program along with the evaluation. The costs to continue the ECM pilot for FY 2009 in Sedgwick County is approximately \$1.1 million. To plan and implement the expansion into another rural region of Kansas would require an additional \$750,000, including \$200,000 in start up costs with service delivery to begin by January 2009.

The FY 2007 expenditures for the contract were \$575,556 and the estimate for the full year of operations for FY 2008 is \$998,400.

Considerations:

- Funding the current project for an additional year, with the inclusion of an additional rural pilot site, would provide additional data for a more comprehensive evaluation in order to inform a potential statewide ECM roll-out.
- An additional cost that will need to be included in the rural expansion will be transportation for ECM members.
- The current voluntary nature of the ECM program for Medicaid beneficiaries has led to slow enrollment in the pilot (as of June 2007, there were 181 members enrolled). Consideration to develop a mandatory program would significantly increase the number of participants; however, it would also require the submission of a Medicaid waiver and a review of project goals and objectives. (It also dilutes the evaluation data measuring program effectiveness.)

Staff Recommendation: Support a budget enhancement for FY 2009 to continue the Sedgwick County ECM pilot through FY 2009, including an expansion to one additional region of the state. The expanded area would include a rural population, contingent upon a satisfactory evaluation of the Sedgwick site in fall 2008.

Board Action: On August 20, the KHPA Board directed staff to divide this proposal into two options. Option A would be to request an enhancement to continue the Sedgwick County pilot project through FY 2009. Assuming that the base budget funding continues from FY 2008, this would require an additional \$100,000, including \$50,000 from the State General Fund, to continue the current project through the Central Plains Regional Health Care Foundation.

Option B would be an enhancement requesting funds to expand the pilot project to a rural area of the state to test the reliability of the Enhanced Care Management model in a different service delivery environment and demographic profile. The cost of expanding into a rural county would total \$950,000, including \$475,000 from the State General Fund. This amount includes \$200,000 in start up costs for a contractor to provide the care management services and \$750,000 in operating costs to serve approximately 200 individuals.

Final Board Action: